

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF FLORIDA  
ORLANDO DIVISION

In re: Case Number:6:15-bk-03332-ABB

IN RE:  
Elvis E. Quimi

Debtor(s).  
\_\_\_\_\_ /

  X   Chapter 13 Plan                      \_\_\_\_\_ Amended Chapter 13 Plan

COMES NOW, the Debtor(s) and files this Chapter 13 Plan. The projected disposable income of the Debtor(s) is submitted to the supervision and control of the Chapter 13 Standing Trustee, and the Debtor(s) shall pay the following sums to the Chapter 13 Standing Trustee:

**PLAN PAYMENTS**

<b>Payment Number by months</b>	<b>Amount of Monthly Plan payment</b>
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1- 60 (May 2015 to April 2020)

1672.00

**The first payment is due 30 days after the case is filed.** Debtor(s) initials: \_\_\_\_\_

The Debtor(s) shall pay by **money order, cashier's check or wage deduction**, to Laurie K. Weatherford, Chapter 13 Standing Trustee, P.O. Box 1103, Memphis, Tennessee 38101-1103. The Debtor(s) name and case number must be indicated clearly thereon and received by the due dates for payments established by court order.

**PAYMENT OF CLAIMS THROUGH THE PLAN**

**Attorney Fees**

<b>Attorney Name</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
Eric L. Bolves, Esq.	2100.00	\$35.00	1-60

**Priority Claims**

The fees and expenses of the Trustee shall be paid over the life of the Plan at the rate allowed as governed by the guidelines of the United States Trustee and

<b>Creditor Name</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
None			

**Secured Claims**

<b>Secured Creditor</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
Household Finance	148,682.00	1078.0	
	To be mediated.		
Westlake Financial	8752.00	380.00	1-60

**Secured Arrearage**

<b>Creditor Name</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
Household Finance	To be mediated		

**Secured Gap Payments**

<b>Creditor Name</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
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**Property to Be Surrendered:**

**Creditor Name:** \_\_\_\_\_ **Property Address:** \_\_\_\_\_  
None

**Valuation of Security:**

<b>Creditor Name</b>	<b>Claim Amount</b>	<b>Payment Amount</b>	<b>Payment Month Numbers</b>
None			

**Executory Contracts:**

The following Executory Contracts are assumed

**Name of Creditor:** \_\_\_\_\_ **Description of Collateral:** \_\_\_\_\_ **Month Numbers:** \_\_\_\_\_  
None

The following Executory Contracts are rejected:

**Name of Creditor:** \_\_\_\_\_ **Description of Collateral:** \_\_\_\_\_

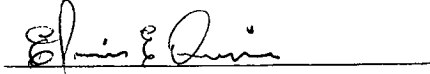
None

**Unsecured Creditors:** whose claims are allowed shall receive a pro rate share of the balance of the funds remaining after payments to Priority and Secured Creditors are made. Approximate percentage: 100 %

Property of the Estate reverts in the Debtor(s) upon confirmation of the plan, OR upon completion of all plan payments and the discharge of Debtor(s).

**CERTIFICATE OF SERVICE**

I/We hereby certify that a true and correct copy of the Amended Chapter 13 Plan of Debtor(s) was furnished by United States mail, postage prepaid, to All Creditors and Parties in Interest as listed on the Court's Matrix as attached, this 7 day of May, 201 5.

  
Elvis E. Quimi

*/s/ Eric L. Bolves, Esq.*

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